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PTO/SB/21 (09-04)

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

5 + 15  
refs.

Application Number

10/574,812

Filing Date

April 5, 2006

First Named Inventor

Jayasheela, M.

Art Unit

Examiner Name

Attorney Docket Number

021958-000110US

**ENCLOSURES** (Check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form                             | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to TC                             |
| <input type="checkbox"/> Fee Attached                                     | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences      |
| <input type="checkbox"/> Amendment/Reply                                  | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                        | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):          |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Request for Refund   | Forms PTO/SB/08A&B, Copy of Search Report, copies of 14 references, Return Postcard      |
| <input checked="" type="checkbox"/> Information Disclosure Statement      | <input type="checkbox"/> CD, Number of CD(s) _____                                      |  |
|   | <input type="checkbox"/> Landscape Table on CD  |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <b>Remarks</b>  | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application   |   |  |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |   |  |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Beth L. Kelly		
Date	6-21-06	Reg. No.	51,868

**CERTIFICATE OF TRANSMISSION/MAILING**

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Julie Taylor Clough

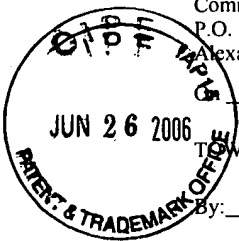
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PATENT  
Attorney Docket No.: 021958-000110US

Mail Stop Amendment  
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TOWNSEND and TOWNSEND and CREW LLP

By: Julie Taylor Chapp

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

M. JAYASHEELA

Application No.: 10/574,812

Filed: April 5, 2006

For: DEFINED DOSE THERAPEUTIC  
PHAGE

Confirmation No.:

Examiner:

Art Unit:

INFORMATION DISCLOSURE  
STATEMENT UNDER 37 CFR §1.97 and  
§1.98

Mail Stop Amendment  
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Sir:

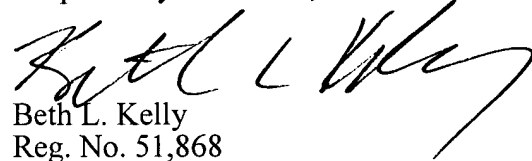
The references cited on attached form PTO/SB/08A&PTO/SB/08B are being called to the attention of the Examiner. Copies of the references [in compliance with the requirements of 37 CFR §1.98(a)(2)] are enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

Also enclosed is a copy of the Search/Examination report corresponding to the PCT application.

As provided for by 37 CFR §1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicant believes that no fee is required for submission of this statement. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



Beth L. Kelly  
Reg. No. 51,868

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Enclosures  
60792232 v1



<b>Substitute for form 1449A&amp;B/PTO</b>  <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (Use as many sheets as necessary)				<b>Complete if Known</b>	
				Application Number	10/574,812
				Filing Date	April 5, 2006
				First Named Inventor	Jayasheela, M.
				Art Unit	
Examiner Name					
Sheet	1	of	2	Attorney Docket Number	021958-000110US

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. <sup>1</sup>	Document Number Number Kind Code <sup>2</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
	AA	US-4,695,541	09-22-1987	Taylor	
	AB	US-			
	AC	US-			

FOREIGN PATENT DOCUMENTS								
Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document			Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T <sup>6</sup>
		Country Code <sup>3</sup>	Number <sup>4</sup>	Kind Code <sup>5</sup> (if known)				
	AD	WO	01/79524	A2	10-25-2001	Norris		<input type="checkbox"/>
	AE	WO	03/026767	A2	04-03-2003	Ramachandran		<input type="checkbox"/>
	AF	WO	03/026690	A1	04-03-2003	Ramachandran		<input type="checkbox"/>
	AG							<input type="checkbox"/>
	AH							<input type="checkbox"/>

NON PATENT LITERATURE DOCUMENTS					
Examiner Initials *	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.			T <sup>2</sup>
	AI	ALISKY, J., et al., "Bacteriophages Show Promise as Antimicrobial Agents;" <u>Journal of Infection</u> , 1998, Vol. 36, pp. 5-15.			<input type="checkbox"/>
	AJ	BARROW, Paul A. and SOOTHILL, James S., "Bacteriophage Therapy and Prophylaxis: Rediscovery and Renewed Assessment of Potential;" <u>Trends in Microbiology</u> , July 1997, Vol. 5,, No. 7, pp. 268-271.			<input type="checkbox"/>
	AK	LEDERBERG Joshua, "Smaller Fleas ... Ad Infinitum: Therapeutic Bacteriophage Redux," <u>Proc Nat Acad Sci USA</u> , April 1996, Vol. 93, pp. 3167-3168.			<input type="checkbox"/>
	AL	LEVIN, Bruce R. and BULL, J.J.; "Phage Therapy Revisited: The Population Biology of a Bacterial Infection and its Treatment with Bacteriophage and Antibiotics;" <u>The American Naturalist</u> , June 1996, Vol. 147, No. 6, pp. 881-898.			<input type="checkbox"/>
	AM	LOPEZ, Rubens, et al., "Enzymes for Anti-Infective Therapy: Phage Lysins," <u>Drug Discovery Today: Therapeutic Strategies</u> , 2004, Vol. 1, No. 4, pp. 469-474.			<input type="checkbox"/>
Examiner Signature				Date Considered	

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.



<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (Use as many sheets as necessary)				<b>Complete if Known</b>	
				Application Number	10/574,812
				Filing Date	April 5, 2006
				First Named Inventor	Jayasheela, M.
				Art Unit	
				Examiner Name	
Sheet	2	of	2	Attorney Docket Number	021958-000110US

NON PATENT LITERATURE DOCUMENTS				
Examiner Initials *	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>	
	AN	KUCHAREWICZ-KRUKOWSKA, Aklina and SLOPEK, Stefan, "Immunogenic Effect of Bacteriophage in Patients Subjected to Phage Therapy," <u>Arch Immunol Ther Exp.</u> , 1987, Vol. 35, No. 5, pp. 553-561.	<input type="checkbox"/>	
	AO	SLOPEK, Stefan, et al., "Results of Bacteriophage Treatment of Suppurative Bacterial Infections in the Years 1981-1986," <u>Arch Immunol Ther Exp.</u> , 1987, Vol. 35, No. 5, pp. 569-583.	<input type="checkbox"/>	
	AP	SMITH, H. Williams, et al., "Factors Influencing the Survival and Multiplication of Bacteriophages in Calves and in their Environment," <u>Journal of General Microbiology</u> , 1987, Vol. 133, pp. 1127 -1135.	<input type="checkbox"/>	
	AQ	SMITH, H. Williams, et al., "The Control of Experimental Escherichia Coli Diarrhea in Calves by Means of Bacteriophage," <u>Journal of General Microbiology</u> , 1987, Vol. 133, pp. 1111-1126.	<input type="checkbox"/>	
	AR	SMITH, H., Williams and HUGGINS, M.B., "Successful Treatment of Experimental Escherichia Coli Infections in Mice Using Phage: Its General Superiority Over Antibiotics," <u>Journal of General Microbiology</u> , 1982, Vol. 128, pp. 307-318.	<input type="checkbox"/>	
	AS	SULAKVELIDZE, Alexander, et al., "Bacteriophage Therapy," <u>Antimicrobial Agents and Chemotherapy</u> , March 2001, Vol. 45, No. 3, pp. 649-659.	<input type="checkbox"/>	

Examiner Signature		Date Considered	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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